<u>_</u>	DE						11200 1117 112		
1	Fees bassuant to the Co	Fees Passant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Complete if Known			
	<u> </u>			_	Application N	Number	10/674,627		
4	03 2007 FEE]	KAN	SMITTA	\L	Filing Date		September 2	`	
M	<i>Ĕ</i> / F	or FY	2007		First Named		Prajakta S.	Josni	
<u>,</u> ,	O/		-1 0 07	OFD 4.07	Examiner Na	ame	Ted T. Vo		
4	And Callins Si			CFR 1.27	Art Unit	-14-81-	2191		
-	TOTAL AMOUNT OF		(\$)1810		Attorney Doo	cket No.	350078.409		
ŀ	METHOD OF PAYMI		· · · · · · · · · · · · · · · · · · ·						
	Check Credit Card Money Order Other (please identify):								
i	_	•	ntified deposit account, the Director is hereby authorized to: (check all that apply)						
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the fil ☐ Charge any additional fee(s) or underpayments ☐ Charge any underpayments or credit any overpa							-		
							any overpayments		
of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information								t card information and	
	authorization on PTO-2038								
	FEE CALCULATION								
	1. BASIC FILING, S	EARCH, ANI	DEXAMINAT	ON FEES					
	FILING FEES			SEARCI	CLADI'H FFFC		IINATION		
				F			EES Small		
ł			Small Entity			Small Entity			
1	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Entity Fee (\$)	Fees Paid (\$)	
	Utility	300	150	500	250	200	100		
ŀ	•	200	100	100	50	130	65		
	Design			0	0	0	0	···	
ŀ	Provisional	200	100	U	U	U	U		
ı	2. EXCESS CLAIM	ree5						Small Entity Fee (\$) Fee (\$)	
	Fee Description	aludina Paisa					-	50 25	
1	Each claim over 20 (in	_		•)				200 100	
1	Last independent state of the s								
	, ,	lultiple dependent claims							
1			ee (\$) Fee Paid (\$)		Multiple Dependent Claims				
	26 -20 or HP	_	X	=			<u>Fee (\$)</u>	Fee Paid (\$)	
	HP = highest number		•						
	Indep. Claims	Extra Cl	<u>aims</u>	Fee (\$)	Fee Paid	<u>(\$)</u>			
ĺ	6 -3 or HP =	= <u>0</u>	X	=					
- 1	_								
	HP = highest number	r of independ	ent claims pai	a tor, it greater	than 3.				
	HP = highest number 3. APPLICATION SI	ZE FEE	·						
	HP = highest number 3. APPLICATION SI If the specification an	ZE FEE id drawings e	exceed 100 sh	eets of paper (excluding elec				
	HP = highest number 3. APPLICATION SI If the specification an under 37 CFR 1.52(e	ZE FEE Id drawings e I), the applic	exceed 100 sh ation size fee	eets of paper (edue is \$250 (\$7	excluding elec				
	HP = highest number 3. APPLICATION SI If the specification an under 37 CFR 1.52(e thereof. See 35 U.S.	ZE FEE Id drawings e I), the applic C. 41(a)(1)(0	exceed 100 sh ation size fee 6) and 37 CFF	eets of paper (odue is \$250 (\$^2 t 1.16(s).	excluding elec 125 for small e	entity) for ea	ch additional	50 sheets or fraction	
	HP = highest number 3. APPLICATION SI If the specification an under 37 CFR 1.52(e	ZE FEE Id drawings e I), the applic	exceed 100 sh ation size fee 6) and 37 CFR ets <u>Nun</u>	eets of paper (due is \$250 (\$^0 1.16(s). hber of each a	excluding elections of the second sec	entity) for ea	ch additional		
	HP = highest number 3. APPLICATION SI If the specification an under 37 CFR 1.52(e thereof. See 35 U.S. Total Sheets -100 =	ZE FEE Id drawings e I), the applic C. 41(a)(1)(0	exceed 100 sh ation size fee 6) and 37 CFF	eets of paper (due is \$250 (\$^0 1.16(s). hber of each a	excluding elec 125 for small e	entity) for ea	ch additional	50 sheets or fraction e (\$) Fee Paid (\$)	
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